

Introduction to Clinical Dentistry & Oral Diagnosis (Theory)

Year 3 – summer semester

- Screening, patients' files and assigning patients to students
- Preparing, receiving, treating, and dismissing the patient
- Instruments handling, transport, packaging, sterilization
- Lab work prescription, disinfection
- Clinical safety protocols and potential hazards



Caries Risk Assessment

- of new cavitated or incipient lesions) during a certain time period or the The determination of the likelihood of the incidence of caries (ie the number likelihood that there will be a change in the size or activity of lesions already
- Caries-risk assessment models currently involve a combination of factors including: diet, fluoride exposure, a susceptible host and microflora that

Social history

Social class, dental awareness, dental aspirations

caries rate in siblings

Medical condition, handicap, Cariogenic

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- Medical history Use of fluoride Plaque control Dietary habits
- interplay with a variety of social, cultural and behavioural factors.

Clinical evidence

Saliva

Flow rate, buffering capacity, 5 mutans and Lactobacillus counts

Drinking water, toothpaste, supplements

Oral hygiene

Sugar intake, availability of snacks medication, Xerostomia

restorations, Partial dentures, orthodontics, New carious lesions, premature extractions,

presence/absence of fissure sealant anterior caries/ restorations, multiple



Caries Risk Assessment

- It is now known that surgical intervention of dental caries alone does not stop the disease process. Additionally, many lesions do not progress, and tooth restorations have a finite longevity.

Modern management of dental caries should be more conservative and

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identification of an individual's risk for caries progression

early detection of noncavitated lesions

- understanding of the disease process for that individual
- application of preventive measures

Caries Risk Assessment

- NICE recall intervals and oral health 2004
- Caries risk assessment form American Dental Association 2009
- Children, and Adolescents AMERICAN ACADEMY OF PEDIATRIC Guideline on Caries-risk Assessment and Management for Infants,

DENTISTRY 2013

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Table 6. Example of a Caries Management Protocol for 26 Year-Olds.

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The NICE guidelines 2004:

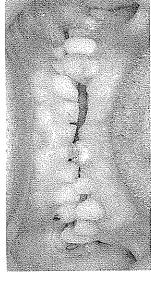
For adult patients, NICE recommends a recall between three months and two

years, based on a risk assessment, taking into account a checklist of risk

factors, such as alcohol and tobacco use.

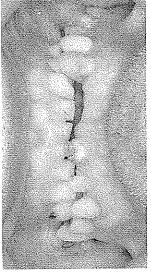
 The actual interval should be a clinical decision by the dentist based on the The recommended interval for children is between three and 12 months.

patient's needs



Mr. G.S. Age at presentation: 62

Treatment planning - clinical cases:

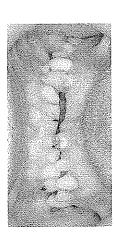


Chief complaint:

- "I lost my front bridge and I'm not happy with how my teeth look"
- 2+ "I sometimes struggle to chew steaks"

History of present complaint

Lost his maxillary right incisors (UR1&2) 30 years ago due to trauma. The which was decemented recently after it became progressively loose. edentulous space was restored with a five-unit fixed-fixed bridge (13-22)



Medical history:

Fit and well. No medication. No allergies.

Dental history:

Never worn RPD before. Unaware of teeth grinding. occasional flossing.

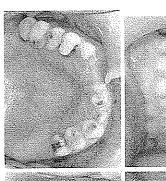
Brushes once-twice daily/ Regular attender/ every 1 year.

Social history:

attendance issues. Full-time employed lorry driver/ no Lives with his wife

10 units alcohol/ week Non-smoker/ never smoked





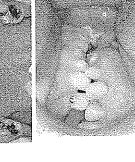






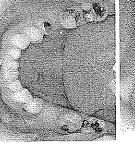












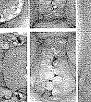
Extra-oral examination: TMJ: NAD

Muscles of Mastication: NAD Facial symmetry: NAD

Lips: competent and low maxillary lip line









Intra-oral examination:

Hard tissues: 6-7mm Torus palatinus

Comp Comp Comp MC-Cr Comp

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Comp Amg

Teeth charting:

Soft tissues: Labial discharging sinus tract (UL1).

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Plaque index: 30%

Bleeding index: 30%

Oral hygiene: Fair with some visible plaque and calculus deposits.



crown, TSL: tooth surface loss

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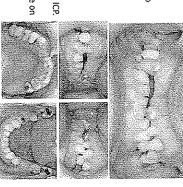
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Ans Ans

Occlusal features:

- Class I skeletal pattern.
- Pseudo class III incisor relationship (habitual position).
- Overjet: 1 mm
- Overbite: 1 mm
- 1.5mm anterior slide From RCP to ICP.
- Lateral excursion: Canine guidance on





 Baseline records: maxillary and mandibular impressions, jaw registration in CR and face-bow record.



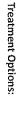












1. Generalized tooth surface loss (TSL).

Diagnoses And Clinical Findings Summary:

- 2. Failing direct and indirect restorations: 76543 4
- 3. Carles: 7653 4. Necrotic pulp: -
- 6. Missing teeth: 8 21 12 678 6 56 5. Chronic apical periodontitis: 12
- Extraction of existing teeth and provision of complete dentures.
- 2- Restore the existing teeth with direct and indirect restorations and:
- a) accept edentulous spaces.
- b) restore edentulous spaces with a removable partial denture(s).
- c) Restore the edentulous spaces with fixed partial bridges.
- d) Restore the edentulous spaces with implant supported prostheses.

- Treatment Plan
- 1. Stabillization and prevention:
- a- Improve oral hygiene and dietary habits.
- b- Stabilize active caries and periodontal disease.
- c- Extraction of teeth with hopeless prognosis.
- 2. Preliminary treatment phase: a- Increase the OVD.
- b-Improve function and aesthetics using direct restorations.
- 3. Definitive treatment phase:

Restore the existing teeth with direct and indirect restorations at the

4. Maintenance:

Maintain a healthy dentition and oral tissues.

- Dietary analysis and advice. Fluoride advice.

Oral hygiene instructions.

- Supra-gingival scaling and polishing.
- Extraction of the non-restorable tooth 17.
- Excavation and temporization of carious lesions: 7654 134

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Endodontic debridement:

 Reassessment of the outcomes from the stabilization phase (i.e.: assessment of oral hygiene, bleeding & plaque indices and dietary habits)

Preliminary treatment phase:

Full arch functional and aesthetic diagnostic wax-up at 3mm increased

- Composite coronal seal ai
- Composite build-up at 3rr of existing teeth.

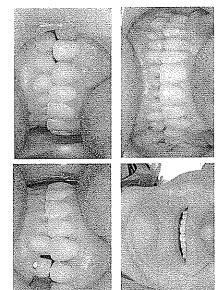


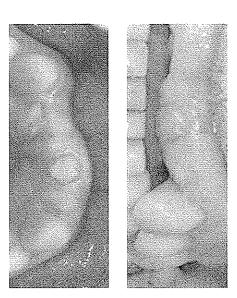


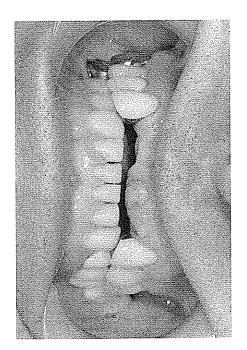


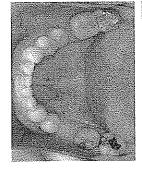
















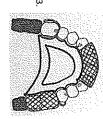


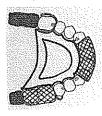
Definitive treatment phase:

Maxillary definitive restorations: 1- Co-Cr RPD design .

- 2- Milled metal-ceramic crowns: teeth 13 and 23.
- 3- Milled gold crown: tooth 16.

4- Maxillary Cr-Co RPD insertion.



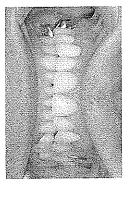


Definitive treatment phase:

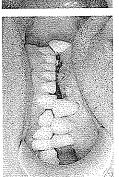
Mandibular definitive restorations:

- 2- Fixed-fixed metal-ceramic bridge from LL4 LL7
- (Edentulous 46 space was accepted and no restoration was planned).

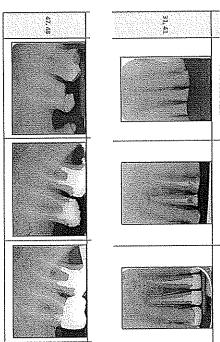


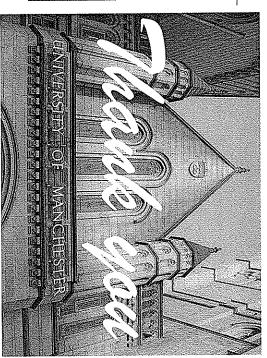


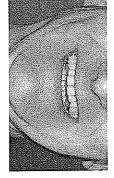


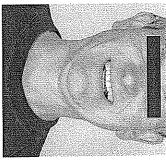












Maintenance phase:

At the 6-month review appointment:

> Patient presented with good oral hygiene and healthy gingivae (bleeding and plaque indices 11% and 10% respectively).

His occlusion was stable.
 Peri-apical radiographs taken (ofter 1 year of completion of root canal treatments) showed satisfactory peri-radicular healing

22	16	Taoth	
		Pre-operative	
		Post-operative	Radiograph
		i year review	